

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission ..... 26/01/2023 15:53 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/01/2023 08:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE AFTER BRADDEL FLYOVER  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDD6151P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHIA CHONG MOI  
NRIC No ..... SXXXX903C  
Email Address ..... NEOCHIA@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96589511  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 8  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2261

#### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... MT/00344527/05

#### DRIVER

Name of Driver ..... NEO LAM HENG  
NRIC No ..... SXXXX903C  
Date Of Birth ..... 03/11/1966  
Occupation ..... Indoor

Date Of Driving Pass .....	08/09/1988
Driving experience .....	34 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96586511
Alt. Phone Number .....	-
Email Address .....	NEOCHIA@GMAIL.COM
Address .....	BLK 647 #14-125 JLN TENAGA
Address complement .....	-
Postcode .....	410647
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMN9723K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-

NRIC No .....	SXXXX355D
Contact Number .....	(Phone) +65-94510801
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

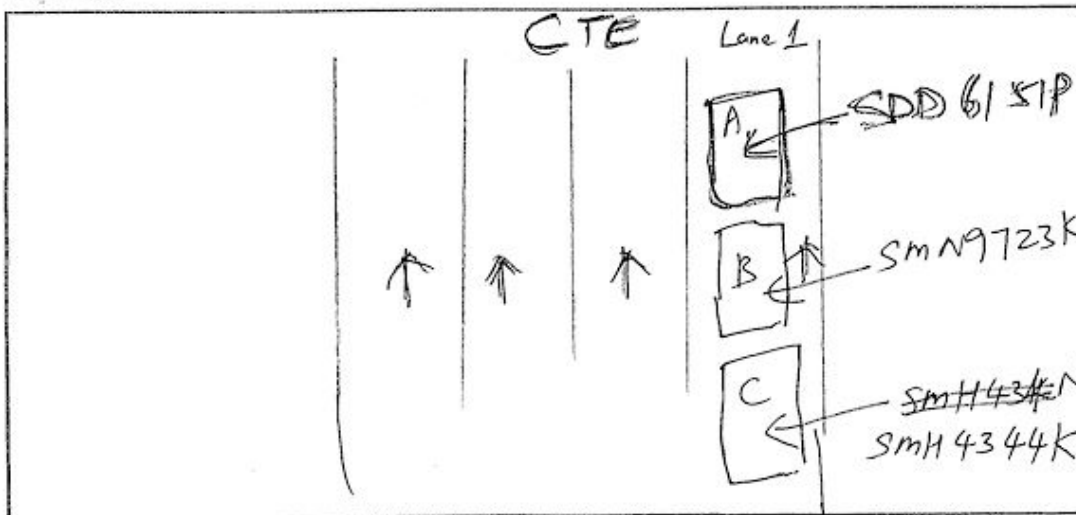
Vehicle Registration Number .....	SMH4344K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	YU FANGREN
Contact Number .....	(Phone) +65-94592188
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

## Sketch Plan



Chen 26/1/23  
2:40 pm

Policyholder's Signature / Date & Time

Ng 26/1/23  
2:40 pm

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ANHEIM MOTOR COMPANY

Date of accident: 26/1/23 Time: 820am Location: CTE AFTER BRADDELL FLYOVER  
 My Vehicle A: SDD6181P Vehicle B: SMN9723K Vehicle C: SMH4344K

SKETCH PLAN

Describe Circumstances of the Accident.

On above date & time, I am driving lane 1 along CTE towards city and it is raining lightly.

After Braddell flyover, the vehicle in front of me stopped. I also stopped. After about 3 seconds, vehicle B collided my vehicle back.

I stopped the vehicle and alighted and saw vehicle C collided vehicle B.

We exchanged particulars.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

Chn 26/1/23  
2:40pm  
Policyholder's Signature / Date & Time

Ny 26/1/23  
2:40pm  
Driver's Signature (if driver is not the policyholder) / Date & Time

 26/01/2023  
Witnessed by Reporting Centre Person(s)

AH LIM MOTOR COMPANY













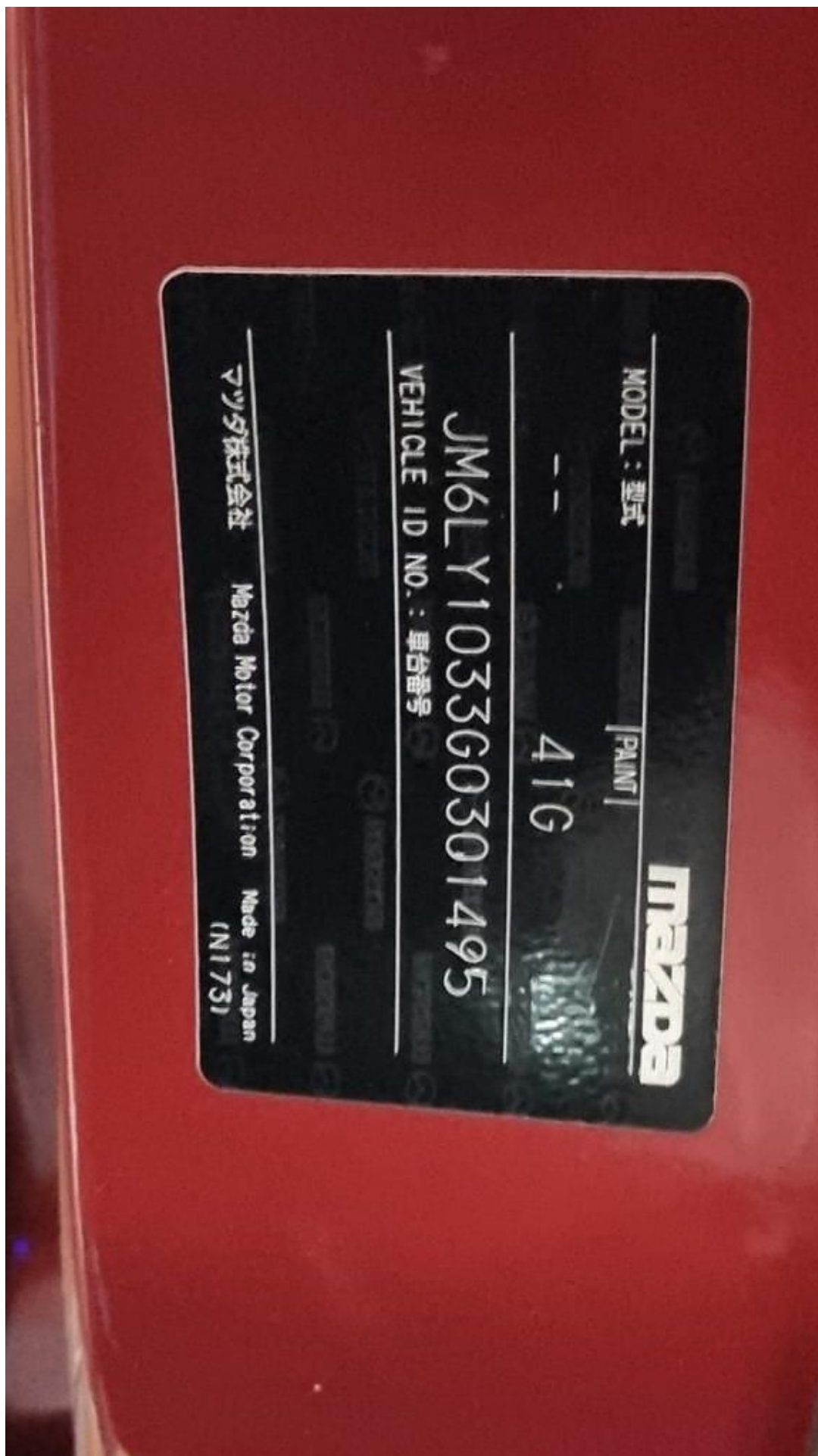
















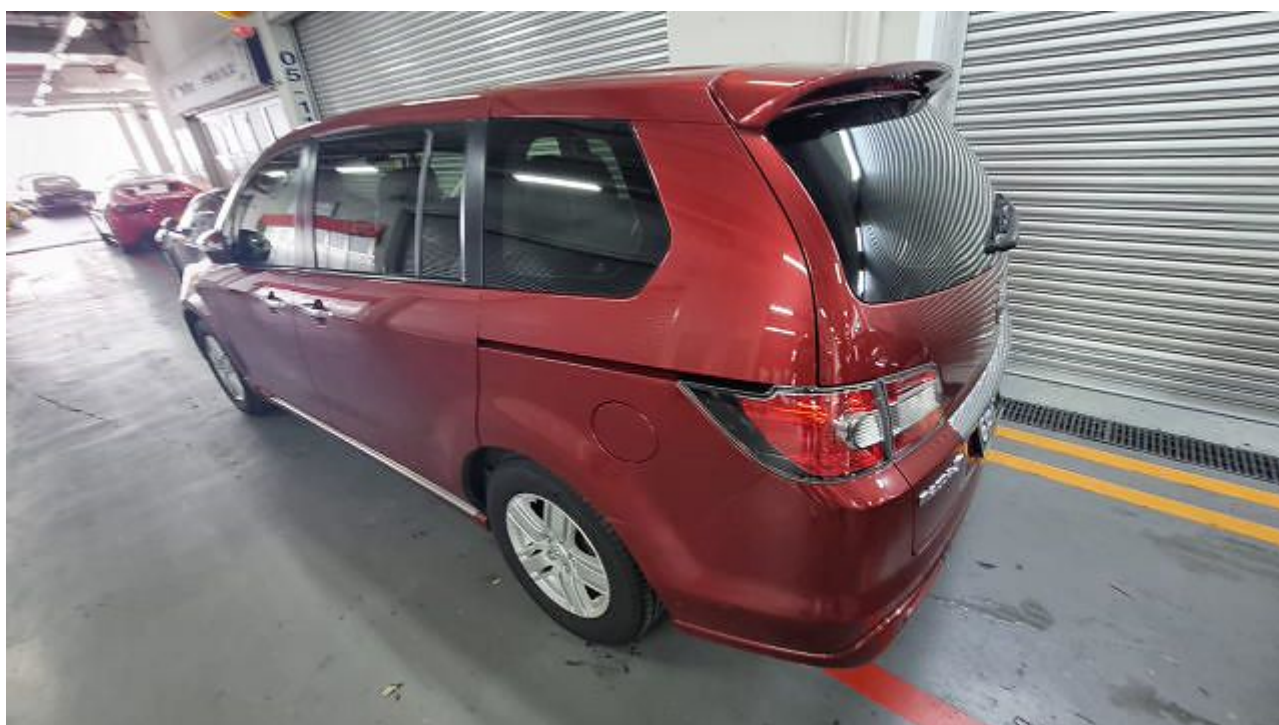




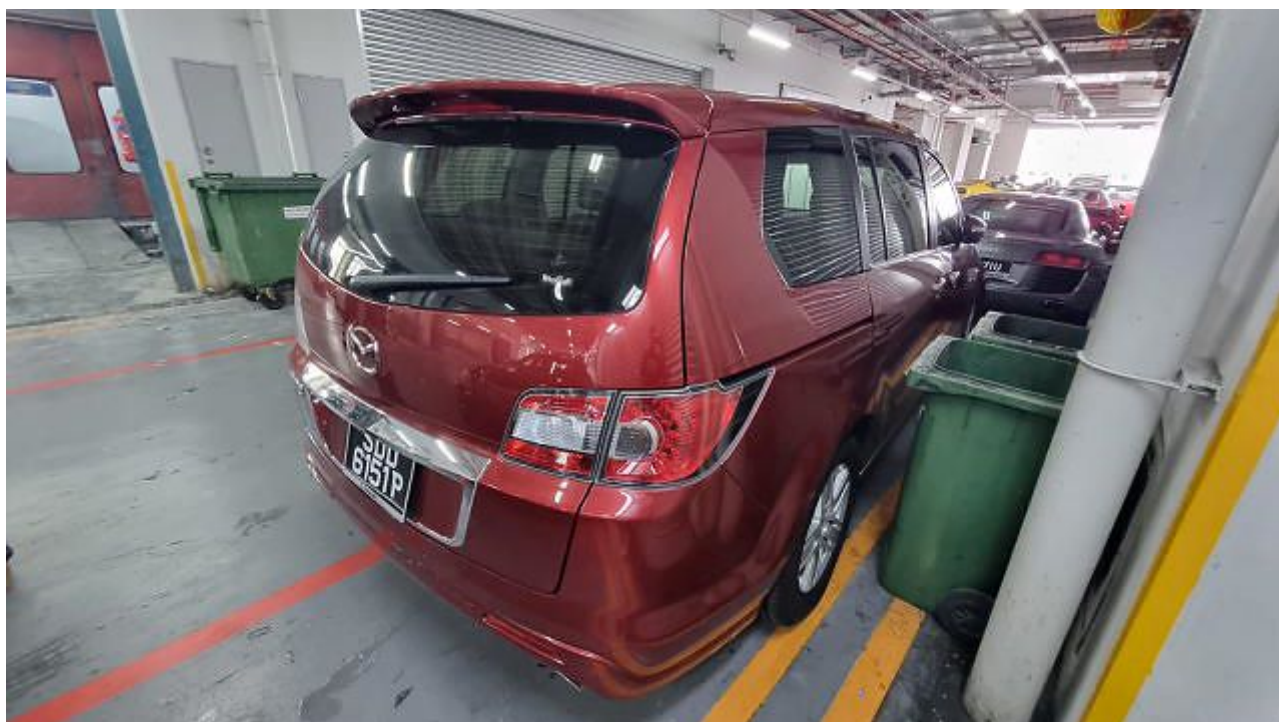
















AN SOO KOH COMPANY

**CONTACT US AT**

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com



## YOUR POLICY SCHEDULE

This document forms part of your contract with us and should be read together with your Certificate of Insurance and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

### Car Insurance

<b>Policy number</b>	: MT/00344527/05		
<b>Period of cover</b>	: Policy begins 28/12/2022 00:00 and runs until 27/12/2023 23:59		
<b>Premium</b>	: S\$ (inclusive of GST+ 5.0% Loyalty Discount)		
<b>Own Damage Excess</b>	: S\$ 600.00		
<b>Windscreen Excess</b>	: S\$ 100.00		
<b>Vehicle Details</b>			
<b>Vehicle Registration</b>	: SDD6151P	<b>Chassis number</b>	: JM6LY1033G0301495
<b>Make and model</b>	: Mazda 8 2.3 (A)	<b>Car usage</b>	: Private Use + Commuting to work
<b>Year of registration</b>	: 2015		
<b>Finance company / Hire purchase</b>	:		
<b>Is your car modified?</b> (Modifications are according to LTA guidelines)	: No		
<b>Policyholder</b>			
<b>Policyholder</b>	: CHIA CHONG MOI		
<b>Mailing Address</b>	: 441B FERNVALE ROAD, 09-323, Singapore 792441		
<b>E-mail Address</b>	: neochia@gmail.com	<b>Mobile Number</b>	:
<b>No Claims Discount (NCD)</b>	: 60%		
<b>Main Driver Details</b>			
<b>Main Driver</b>	: NEO LAM HENG		
<b>Date of Birth</b>	: 03/11/1966	<b>Marital Status</b>	: Married
<b>Gender</b>	: Male		
<b>Certificate of Merit</b>	: Yes	<b>Years of valid driving licence</b>	: > 5
<b>Important Note:</b> This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.			
<b>Young and/ or Inexperienced Driver (YIED):</b> refers to any driver who is below the age of 30 or holds a driving licence for less than 2 years.			
<b>Promotion Details</b>			
<b>Promotion Item :</b> 900 Escape Points + Free 24Hr Breakdown Assistance			

Direct Asia Insurance (Singapore) Pte Ltd  
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www.DirectAsia.com

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